

**Transit  
Title VI Complaint Form**

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

1. Complainants' Name \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City, State and Zip Code \_\_\_\_\_
4. Telephone Number (home) \_\_\_\_\_ business \_\_\_\_\_  
Cell \_\_\_\_\_
5. Person discriminated against (if someone other than the complainant)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
6. Which of the following best describes the reason you believe the  
Discrimination took place? Was it because of your: (check reason)  
a. Race/Color \_\_\_\_\_ c. Age \_\_\_\_\_  
b. National Origin \_\_\_\_\_ d. Disability \_\_\_\_\_
7. What date did the alleged discrimination take place and the location?  
Explain what happened and whom you believe was responsible. Please use the back of this form if additional  
space is required.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you filed this complaint with any other federal, state, or local agency; or  
With any federal or state court? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, check all that apply:  
\_\_\_\_ Federal Agency \_\_\_\_\_ Federal Court \_\_\_\_\_ State Agency  
\_\_\_\_ State court \_\_\_\_\_ Local Agency
9. Please provide information about a contact person at the agency/court where  
The complaint was filed.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Please submit your complaint, in writing or by email, to the following address:

Govt. Services Department  
P.O. Box 818  
Griffin, GA 30224  
Phone: 678-692-0513  
Fax: 678-692-0513  
Email: mobility@ threeriversrc.com